



City of Chicago
Rahm Emanuel, Mayor

Independent Police Review Authority

Ilana B. R. Rosenzweig
Chief Administrator

1615 W. Chicago Ave.
Chicago, Illinois 60622
(312) 746-3594 (Complaint line)
(312) 746-3609 (General)
(312) 746-3591 (FAX)
(312) 746-3593 (TTY)

www.iprachicago.org

Our Lady of the Resurrection Medical Center
5645 W. Addison St.
Chicago, IL 60634

Patient Name: [REDACTED]
Treatment on or about 07 Jan 12
Date of Birth: [REDACTED]
SS# [REDACTED]
Log #1051472

To whom it may Concern:
Attention: Medical Records Department

Independent Police Review Authority is requesting your cooperation to secure Medical Records relative to a patient that received medical services at your facility.

Enclosed is the Law Enforcement Official's request for protected health Information.

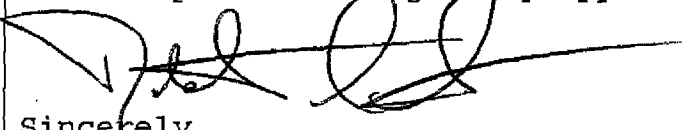
Please forward any and all medical documentation concerning the patient and service date(s) as indicated on the release form.

Please mail these documents to:


Independent Police Review Authority, Unit 113
c/o Investigator III Roberto Soto, Star #118
1615 W. Chicago Ave.
Chicago, Illinois 60622

If you have any questions, please call me at
(312) 746-3609, EXT-1106. Fax phone: (312) 746-3589.

Your cooperation is greatly appreciated.


Sincerely,
Investigator III Roberto Soto
Independent Police Review Authority



LOG# 1051472
Attachment 21



**LAW ENFORCEMENT OFFICIAL'S REQUEST FOR
PROTECTED HEALTH INFORMATION
CITY OF CHICAGO INDEPENDENT POLICE REVIEW AUTHORITY**

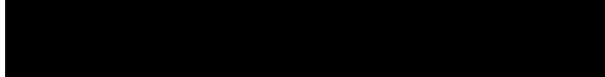
TO: OUR LADY OF RESURRECTION MEDICAL CTR DATE: 27 JAN 12
(Name of institution, individual or department)


RE: 
(Case name and number, and name of individual)

I am a law enforcement official as defined by the Health Insurance Portability and Accountability Act (HIPAA). See 42 U.S.C. §1320(d) *et seq.* (2002). See also Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160, 162 & 164 (2002). I am employed by the City of Chicago and work for the City of Chicago's Independent Police Review Authority.

I am serving this investigative demand on you so that I may receive any and all protected health information of:

Name: 

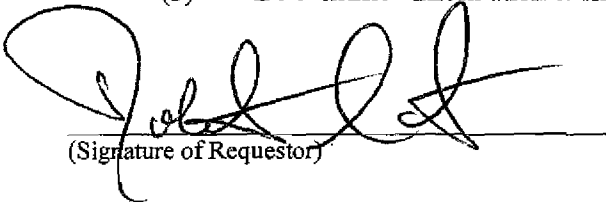
Birth Date: 

Address: 

Social Security Number:  DATE OF INCIDENT ON OR
ABOUT 07 JAN 12

In accordance with 45 C.F.R. §164.512(f), I certify that:

- (1) The information sought is relevant and material to a legitimate law enforcement inquiry;
- (2) This request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
- (3) De-identified information cannot be reasonably used.


(Signature of Requestor)

Roberto Soto

(Name of Requestor) (Please Print)

312-745-3609, ext 1106

(Telephone Number of Requestor)

LOG# 1051472
Attachment 27